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*George Rosen*

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# PROSPECTIVE PROVISION

FOR

## THE INSANE.

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Of all the subjects legitimately belonging to the specialty of psychiatry, or immediately connected with it, no one has, for the last few years, occupied a more prominent position in the United States, or called forth a larger number of words, oral, written and printed, than the proper provision for the custody, care and cure of the insane.

In venturing to contribute another rivulet to this verbal Niagara, I do not profess to be able to say anything new; and my only attempted excuse shall be that I speak to an association which, whether it be regarded collectively or, with some exceptions, individually, does not stand in the bed of the stream of that which has been written, but, dwelling upon the plains of the bordering shores, has caught only the dewy droppings of the mist ascending from the torrent. Let us hope that those dews have been refreshing, and that some eye, more fortunate than others, has detected a rainbow extending its arc of beauty, of hope, and of promise above the somewhat turbulent waters.

In this country during the quarter of a century next preceding the year 1855, or thereabouts, it appeared to be universally recognized as, in practice, a principle, and in theory, a postulate having all the self-evidence and the force of an axiom, that, for the proper treatment of the insane, the first measure is to collect them in hospitals adequately supplied with all the munitions which can

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contribute to the restoration of mental soundness. This principle was acted upon, and hospitals multiplied apace, until the enterprize received a check by the breaking out of the recent political rebellion. The exigencies of the civil war were such that our people have been, still are, and for a long time must continue to be heavily burdened by taxes. For this, and perhaps for other reasons, the formerly admitted principle has lost its universal hold upon the faith of the people, and has been questioned in more than one respect.

Various propositions of change have been made, most of them based upon limited practical operations in Europe. Meanwhile, the number of the insane in the United States unprovided with hospital accommodations has largely increased. Hence, at this moment, while there are probably from thirty thousand to thirty-five thousand insane not in the hospitals, the subject of their proper treatment has become not merely a question to be answered, or a proposition to be demonstrated, but, rather a problem to be solved.

The suggested modifications of what was thought to be the measurably established plan of hospitals for all, may be included under the following heads.

1. Hospitals for the curable alone.
2. Asylums for the incurable.
3. Colonies, or the Gheelois plan.
4. Central hospitals, each with neighboring cottages.
5. Family treatment.

The first two propositions above mentioned involve the important question of separation of the insane according as their disease is chronic or recent, or rather, as it is supposed to be curable or incurable. On the one hand it has been asserted that this separation may be made if not with actual benefit to both classes, at least with no detriment to either; while, on the other,

it has been maintained that it is injurious to both. Dante has been quoted and misquoted, interpreted and misinterpreted, translated correctly and translated incorrectly, for the purpose of depicting the horrors of an asylum for incurables. But there is still room for the opinion that the door superposed by that inscription of awful signification and solemn warning,

“Lasciate ogni speranza,” &c.,

as described in “The Inferno,” was *not* the door of an asylum for the chronic insane. Yet as Dante is dead, and as he died and left no further sign upon the subject, and as Longfellow, in his translation, has no notes or comments thereupon, the correctness of this opinion cannot well be proved.

It has always appeared to me that the greatest objection to receptacles for the incurable, the objection, indeed, paramount not only to all others, but to all arguments in favor of such receptacles, is their liability to degeneration, neglect, and, as perhaps a necessary consequence, the abuse of the inmates. Pecuniary economy is not merely the point of departure, but, as it were, the very germ itself of their origin. If perfect hospitals, fully officered and completely equipped, cost no more than those asylums, no man would think of suggesting the construction of the latter, and the separation of the insane into the two classes mentioned. Based upon the principle of frugal if not parsimonious expenditure, they cannot command the services, for officers, of men of superior qualifications, and, even if they could, the mass of incurable disorder within their walls would present no sufficient stimulus to retain such men. The same influences would have a similar effect upon the boards of trustees or managers, and gradually, in the nature of things, interest, if it ever existed, would

flag, and neglect and abuse must almost necessarily follow. The history of such receptacles in Europe generally confirms the truth of this position.

Nevertheless it is not difficult to imagine an asylum for incurables so excellent that the position and condition of its inmates could nowhere be improved. Superintended by a man of special talent, taste and tact, of untiring industry and absolute devotion to his calling, and whose ambition and benevolence would both be sufficiently satisfied in making the mass of afflicted humanity under his charge as comfortable as circumstances would permit, an establishment of this kind might be made to meet all demanded requirements. But the number of such men whose services could be secured is small, and asylums nearly approximating such perfection must ever be but very rare exceptions. That such have existed, at least in one instance, we have the authority of one of the profoundest thinkers and one of the purest spirits among the German psychologists. I allude to Dr. Zeller, of the hospital at Winnenden, in Wurtemberg, whose remarks upon the asylum directed by Dr. Hayner, at Colditz, justify the assumption of this high position for that institution.

Perhaps it might truly be said of establishments for the insane, whether hospitals or asylums, as Pope says of governments:—

“Whate’er is best administered is best.”

While it requires no great brilliancy of fancy to conceive an excellent asylum for incurables, it is equally easy to imagine a hospital for curables the condition of the inmates of which could hardly be made worse. At any rate, the condition of the inmates of a well managed asylum is better than it would be in a badly managed hospital. But in the prosecution of a scheme



so broadly comprehensive as the proper guardianship and treatment of the insane, it is necessary to act upon general rules and not upon exceptions. In the endeavor to select a method of custody, care and cure, we must attempt to fix upon one the conditions of which are such as will be the most likely to *insure* effective management.

3. The only existing example of the Colony, or that which has been termed the "free air plan," is that of the commune of Gheel, in Belgium, where many hundreds of mental aliens are placed as boarders, from one to four or five in a family, in the houses of both citizens and peasants. This great receptacle for the insane has existed for centuries, but has not been brought conspicuously into notice until within the last few years. The legend of its foundation by St. Dymphna, a beautiful young woman who, in the seventh century, fled from the presence and the home of an incestuous father, in Ireland, and here devoted her life to the care of the insane, throws an air of romance about this unique commune, the effect of which must be guarded against in the endeavor fairly to estimate the merits or the demerits of the place as illustrative of a peculiar method of provision for the insane.

I passed two days in Gheel, in 1849, and drew most of my information respecting the method from Dr. Parigot and Mr. Vygen, the *Commissaire de Police*. They kindly conducted me to many houses, both in the village and among the peasant farmers, where insane persons were at board. My impressions of the place were not favorable, even for the class of the insane who by law are alone permitted to be received—the chronic, the incurable and the quiet—and much less so for other classes—the recently attacked, the curable, and the highly excited. Since that time, the objectionable

features have been somewhat modified and diminished, by the introduction of the element of another method, in the erection of a central building which, to all intents and purposes, is an asylum or a hospital. Hence, so far as Gheel has been improved, the improvement is due not to the method of colonization, or segregation, but to the method of congregation and concentration.

Aside from agriculture, the care of the insane is perhaps the chief financial interest of Gheel, and, like all other pecuniary interests, it is managed with a primary view toward the profits. A system of brokerage has been established in the business, and the men engaged in this, like the "middle men" in all departments of trade and of commerce, hold, to a very great extent, the reins of power. The financial interest is thus paramount to the philanthropic interest; and these men will never permit benevolence to interfere with their pecuniary welfare, any more than the shoemakers of Lynn will permit the world to be supplied with shoes—were such a scheme supposable—manufactured gratuitously by a benevolent association.

Of the nearly seventy hospitals, asylums, and other special receptacles, counting Gheel as but *one*, which it has fallen to my lot to visit, there are but two at which I saw insane persons in any way personally restrained by heavy chains. These are Gheel, and the Timarhané, at Constantinople. At the latter a man was chained by the neck to the wall. At the former the chains were in the form of fetters; and, in one instance, the large iron rings encircling the ankles had abraded nearly all the skin beneath them and rested upon a raw and bleeding surface. The man wearing them started up from his grassy bed beneath a hedge, as, upon turning a corner, I suddenly and unexpectedly came near him,

when rambling from the village toward the church of St. Dymphna. Whether the 'good saint, during her mortal life, approved of this method of security from elopement, neither history nor legendary lore can tell. But, so far as these cases illustrate that which has been denominated the "free air plan," they are open to the comment that the insane can anywhere be permitted to have free air by taking away from them free legs.

At one of the houses, a patient slept in a place which, wherever situated in the building, no New England farmer or mechanic would think fit for the lodging of any of his household, other than the cat or the dog; and, as it was, it was too far out of the way even to be thought of for that purpose. It was a low, three-cornered opening in the attic, formed by the floor, the slanting roof and an adjacent room. Ascending a ladder to reach it, the patient was obliged to crawl into it upon all fours, and there he found his bed of straw. The question naturally arises,—If, in the comparatively small number of houses that I visited, there was *one* such dormitory, how many were there in the whole commune?

I do not doubt that a large proportion of the insane at Gheel are treated kindly; and Dr. Parigot, who knows the place more thoroughly than any other person whose writings upon it are familiar to Americans, attests to the benevolence and the beneficence which are there manifested. But, while admitting and acknowledging this, it cannot reasonably be denied that the primary and principal motive of the persons who receive the insane into their families is the prospect of pecuniary profit. And as the Gheelois are probably like other people, the tendency will be to make the most of their opportunity. Taking this in connection with the fact of the existence of the class of brokers, as above men-

tioned, it may readily be perceived that the Gheelois method, as it there exists, has too strong a resemblance to the old practice of setting up at auction the board of the town's poor, and selling it to the lowest bidder.

But a very few years before my visit, the chief officer of Gheel—the burgomaster—had been waylaid and killed by an insane man; and, at some former time, the life of a child had been taken by another patient.

These acts of homicidal violence are not mentioned in special condemnation of the plan of colonization. The history of even the best class of hospitals is but too often checkered by similar events; and, in them, patients have killed not fellow patients alone, but attendants, and in one instance, in Germany, the superintendent. It is desired merely to show that the method at Gheel does not *prevent* those fatal occurrences.

From what has been said it is evident that the whole picture of Gheel does not consist in a fanciful foreground of the legend of St. Dymphna. In my view the most important objection to it, as a method, is, that there is greater liability to the abuse of patients than there is in hospitals. The more the insane are segregated and scattered, the less directly can they be subjected to supervisory inspection; while, on the other hand, the number of caretakers is increased, and consequently the probability of abuse correspondingly augmented; for among ten persons, anywhere, the chances of a cruel master are twice as great as among five persons.

But perhaps the most decisive of all arguments in regard to the method in question, is the fact that, although Gheel, as a colony of the insane, has existed for a time “whereof the memory of man runneth not to the contrary,” it has never been copied. Situated at a point almost central between the observing French, the philosophical Germans, the religious and cautious



Scotch, and the practical English, it has remained, in effect, almost as unnoticed as if it were unknown, throughout the three-quarters of a century during which each of those peoples has been engaged in establishing, enlarging, and improving the hospital method of treatment: Is it possible that the physicians and the philanthropists of all those countries have been thus long groping in the dark, and that not until so late a period has the sun-light of truth fallen upon them as reflected from the humble church of St. Dymphna?

4. An institution occupying a middle position between the two extremes—a hospital proper and the Gheelois method—has commanded the approbation of a not inconsiderable number of psychologists and humanitarians, and already some establishments conforming, to a greater or less extent, to this idea, are in operation. The cottages disconnected from the main building of the McLean Asylum, and furnishing a suite of rooms for each inmate, illustrate the first step of departure from the hospital proper in the direction of the Colony. But perhaps one of the best illustrations of the kind of institution in question, is the asylum and so called colony of FitzJames, at Clermont, in France. This is a private establishment, owned and conducted by the brothers Labitte. Upon, or connected with, a farm of five hundred acres, are three large buildings, accommodating about twelve hundred patients. One of the buildings is a hospital, or asylum, occupied by those who, for any reason, require restraint. The second is devoted to boarders for whom especial restraint is unnecessary; and the third, to the similar class of paupers. These buildings are furnished each according to its necessities for treatment, and the social position or the pecuniary means of its inmates. There are

commodious out-houses, workshops of various kinds, and diversified means and facilities for the amusement, entertainment, recreation, and employment of the patients.

So far as manual labor is concerned, this is, to a great extent, an independent and self-sustaining institution. Domestic industry prevents the necessity of much foreign aid. The extensive farm is cultivated chiefly by the patients, and the grain is ground upon the premises. Regarding the place with a special view to treatment, we find that, in its daily operations, "There is," to use the language of Dr. John E. Tyler, who recently visited it, "a constant interchange going on between the departments. If a person becomes restless, or boisterous, or unmanageable, in the colony, he is taken to the asylum. When one in the asylum becomes quiet and can be entrusted with his own liberty, and is capable of labor, he is at once transferred to the colony; and this is felt to be an incentive to self control by the inmates of the asylum."

5. It has been proposed to place the quiet incurable insane in families which, wherever situated, will receive them. This plan has been pursued to some extent in Scotland and in France. It differs from that at Gheel, principally in the wider separation of the insane. The greatest objections to it are: first, that the wider separation renders inspection by superior authorities more difficult, and consequently less efficient; and, secondly, that the primary and strongest motive on the part of those who receive the insane, will be pecuniary recompense. Doubtless a large part of those who might thus be distributed would fall into hands moved to gentle usage by not unloving hearts. But when we remember the very prevalent distrust, nay, even *fear* of the insane, it does not appear probable that philanthropy alone, or

even to any very considerable extent, will induce people to receive them into their households. At all events, progress in that direction must be slow.

Having thus very imperfectly noticed the several propositions, I proceed briefly to indicate my views in regard to the most appropriate disposition of the afflicted class whose welfare is under consideration. And here it may be premised, that the insane are not, like the victims of Procrustes, to be all brought to the requirements or conditions of one place or position. Hence the different classes of them may be cared for in several ways.

1. Some of the quiet incurables are as well provided for in their own homes as they could be elsewhere—and there they can remain.

2. There are not a few, who, having no homes of their own, or who, for some special reason, cannot well be cared for at their homes, but who do not really require the seclusion and the restraints of a hospital. These might well be placed as boarders in country families. Indeed, I think that some who are now in the hospitals might be so placed without danger to other persons, with no detriment to themselves, and, in some instances, with an augmentation of their content.

The propriety of this disposition of them is, of course, dependent upon the assumption of requisite qualifications and conditions of the families with which they may be domiciled, and that all for whom this provision is made shall be under the supervision of men delegated to the duty by the government of the commonwealth.

3. But, after the disposal of the two classes above-mentioned, it will still, as I believe, be found that the great mass of the insane can best be provided for at institutions where they will be so congregated that the

custody, care and supervision of them will be comparatively easy. There must be hospitals for the curable, if for no others; while, for the incurable, there must be either hospitals, asylums, colonies, or institutions containing some of the characteristics of the hospital and the colony.

But the method of colonization, as practiced at Gheel, even were it commendable, is probably impossible in this country. The active and enterprising Yankees, with bridle upon steam and a halter upon lightning, yet still whistling and chafing for greater speed, are not the quiet Flemish, plodding through plains of sand in the horse-cart ruts of ages. Whither shall we go, in any of the New England States, to find the township of ten thousand inhabitants who will harbor from a thousand to fifteen hundred insane persons, feed, lodge, clothe, protect and otherwise care for them, not, indeed, for fifty cents each, per week, as at Gheel, but even for three dollars and fifty cents, the sum paid by the commonwealth of Massachusetts for this provision for its beneficiaries in the State hospitals? The insane colony, here, I believe to be, for the present, essentially an impracticability, and hence discard it from further notice.

At this point, if you will pardon me for quoting from myself, I desire to introduce an opinion published in 1852, after an examination of German hospitals, and a perusal of much that had been written in the Germanic countries, upon the question of separation of the incurable from the curable insane. That opinion is as follows: "It appears to me that the true method to be pursued in regard to lunatic asylums, is this: let no institution have more than two hundred patients, and let all receive both curables and incurables, in the natural proportion in which applications are made for the admission of the two classes, from the respective districts in which these institutions are located."



The only modification to this plan which I would now make, is, an extension of the limits of the number of patients to two hundred and fifty; and this is permissible only because of the large proportion of incurables among the existing insane.

So far as relates to character and extent, hospitals of this description are model institutions. The plan appears to me the best of all plans. In no other way can the insane be so well and so effectively treated, their protection secured, their comfort assured, their general welfare promoted, their contentment approximated, and the greatest probability of their restoration attained. The superintendent can obtain a sufficiently thorough knowledge of the case of every patient. Inspection by him may be frequent. All the details of treatment, both medical and moral, may be known to him, and hence the greatest efficiency secured. All the labor of which the patients are capable may be obtained as easily as under any other plan, and a large part of it may be devoted to the care of the curables, the sick, and the excited, thus materially diminishing the necessity for paid employés.

Any desertion of this plan of treating the insane appears to me to be a desertion of the principles of true Christian philanthropy and beneficence. There can be but one excuse for such abandonment, and that is, pecuniary expense, the rude touchstone to the severe test of which all schemes of benevolence and of human improvement are brought. Under one roof, and with one household organization, five hundred persons can be supported at a cheaper rate, *per capita*, than two hundred and fifty persons;—and hence five hundred it must be. This is the first departure from the true method, and this departure has already very generally been made in this country. “It is the first step that

costs." The next step in the same direction naturally follows. The chronic and the incurable insane *can* be maintained at a less expense than is required for the best treatment of curables. Hence the two classes must be separated. So saith cold calculation.

The brief limit of time forbids any further development of the objections to separate establishments for incurables, further than to ask if we may not learn something from the Germans, who, after the subject had been subjected to exhaustive discussion, came to the practical result of constructing nearly all of their largest and most recently erected institutions, upon the plan of treatment of both classes under one roof, although the two are in separate departments.

Believing the true colony not only open to serious objections but as infeasible at present; regarding the institution of distinct asylums for the incurable as detrimental to the interests of the insane, for reasons already given, as well as for the very great doubt that the two classes can be properly cared for more cheaply separate than together; recognizing, with sincere regret, the fact that the plan of small hospitals has been practically relinquished, and yielding to that result, only because the power which produced it is so strong as to bid defiance to any available resistance, I approve of large hospitals, those which accommodate from three hundred to five hundred patients, as the best practicable plan for the care of all the insane who must be congregated. This plan I would pursue so long as the number of incurables is not very largely disproportionate to that of curables. When, however, the former greatly preponderate in numbers over the latter, rather than widely to separate the two classes I would adopt that style of institution which unites the characteristics of both the hospital and the colony. The principal building should

be a hospital commensurate in its perfection with the knowledge of the time. The other buildings for patients should not be far remote; neither should they be so large as those at Clermont. The dimensions, the internal arrangement, and the furniture should be adapted, in each instance, to the condition and the circumstances of the patients for whom the edifice is intended.

The facilities for a transfer of patients from one building to another, according to their variations of condition, are of very great importance as a recommendation of this form of institution. This advantage alone should forever forbid the thought of isolated asylums for the incurable.

If, then, it should become necessary for the commonwealth of Massachusetts to enlarge her provisions for the insane, the object may easily be attained—and the experiment is not unworthy of a trial—by the erection of minor buildings upon the farm of one of the existing State hospitals.







